



Brent & Harrow Trading Standards Service

WORKING IN PARTNERSHIP

Fireworks Act 2003 / Fireworks Regulations 2004

Application for an all year licence to supply/expose for supply adult fireworks

Annual licence is granted from 1st September to 31st August. The annual fee is £500. We cannot refund a percentage of the fee if you apply after 1st September. Please complete this form and return it with the £500 annual fee.

Please return completed form with prescribed fee to the address below:-

The Director, Trading Standards Service, 249 Willesden Lane, London NW2 5JH
(tel for enquiries: 020 8937 5555)

Cheques should be payable to:-

The London Borough of Brent Trading Standards Service

Please use a separate application form for each premises at which fireworks are to be sold all year round. Each premises must be separately licensed.

Full name and address of applicant:

- 1) In the case of a limited company, the registered office address)
- 2) In the case of a partnership please give the first and last names of all the partners in the business. If necessary continue overleaf.

Address of premises to be licensed:

Trading name:

Address for correspondence:

(if different)

Signature:

Date:

For official use only:

Registration number:

Date:

Authorised By:

ADDITIONAL PARTNER DETAILS

Details of other Partners (all partners must provide details, continue on a separate sheet if necessary)

Name of Partner (2)

Please put name of partnership.

Address (including postcode)	Daytime tel no	<input type="text"/>
	Email	<input type="text"/>
	Fax No	<input type="text"/>
	Date	<input type="text"/>
Signed	<input type="text"/>	

Name of Partner (3)

Please put name of partnership.

Address (including postcode)	Daytime tel no	<input type="text"/>
	Email	<input type="text"/>
	Fax No	<input type="text"/>
	Date	<input type="text"/>
Signed	<input type="text"/>	

Name of Partner (4)

Please put name of partnership.

Address (including postcode)	Daytime tel no	<input type="text"/>
	Email	<input type="text"/>
	Fax No	<input type="text"/>
	Date	<input type="text"/>
Signed	<input type="text"/>	

Name of Partner (5)

Please put name of partnership.

Address (including postcode)	Daytime tel no	<input type="text"/>
	Email	<input type="text"/>
	Fax No	<input type="text"/>
	Date	<input type="text"/>
Signed	<input type="text"/>	

Name of Partner (6)

Please put name of partnership.

Address (including postcode)	Daytime tel no	<input type="text"/>
	Email	<input type="text"/>
	Fax No	<input type="text"/>
	Date	<input type="text"/>
Signed	<input type="text"/>	